UT Southwestern Department of Radiology

Orderable Name: CT LOWER EXTREMITY LEFT WO IV CONTRAST

CT LOWER EXTREMITY RIGHT WO IV CONTRAST

Protocol Name: CT Leg Upper Half

Epic Button: Upper Leg

Indications: Trauma

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# Acquisitions: 1				
Oral Contrast: N	None IV Contrast: No	one	Other Contrast: None	Airway
				Other Notes *Place a marker at the site of most concern. Use Right/Left orderable based on protocol or side indicated in reason for exam. Metal (FOV): Use 140 kVp. Dual energy/Spectral scanner required. Photon counting scanner preferred unless gout is indicated.
Last Change: 1/1: Special Instructions	Use 5mm cor/sag if large patient or metal in FOV.		l volume to	
Acq # / Series Name	1 Noncontrast	N/A Noncontrast		
Phase Timing		N/A		
Acquisition Protocol		Recon Only		
Coverage	Above acetabulum thru knee	Same		
FOV	Focused to size of upper leg	Same		
Algorithm	Bone	Soft Tissue		
Axial Recons	3 mm	4 mm, volume		
Other Planar Recons	3 mm coronal and sagittal	4 mm coronal and sagittal		
MIP Recons				
†DECT Philips	Gout maps (cor/sag), BM edema, SBI			
†DECT Siemens	Gout maps (cor/sag), BM edema, low/high kVp, mono E 100, mono E 120			
†PC-CT Siemens				

Adult Only

CTDIvol < 60 mGy